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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Rob Wittman for Congress PO Box 427 ADDRESS (number and street) (Check if address is changed) Alexandria 22313 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .chris@electioncfo.com (Check if address is changed) Optional Second E-Mail Address brenda@electioncfo.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://robwittman.com (Check if address is changed) DATE 04 2019 C00441014 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Marston, Chris, , , Type or Print Name of Treasurer Marston, Chris,,, [Electronically Filed] 02 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	mplete the candidate
Name of Candidate Wittman, Robert, J, ,	
Candidate Party Affiliation  REP  Office Sought:  House  Senate  President	State VA District 01
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(Mational, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for a committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
1. FEC ID number C	
2. FEC ID number C	
3.	
4.	

FEC <b>Form 1</b> (Revised (	12/2009)	Page <b>3</b>
Write or Type Committee Name		i ago <b>o</b>
Rob Wittman fo	r Congress	
	rganization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
,Wittman Victory Comm	nittee	
	PO Box 26141	
Mailing Address		
	Alexandria VA	22313
	Alexandria VA	
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee X Joint Fundraising Represent	ative Leadership PAC Sponso
<ul> <li>Custodian of Records: Iden books and records.</li> </ul>	tify by name, address (phone number optional) and position of the p	person in possession of committee
Hankins, B	renda, , ,	
Full Name	PO Box 26141	
	Alexandria	22313
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee ssistant treasurer).	; and the name and address of
Full Name Marston, C of Treasurer	hris, , ,	
Mailing Address	PO Box 26141	
	Alexandria	22313
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	

FEC Form 1 (Re	evised 02/2009)	Page <b>4</b>
Full Name of		
Designated Agent		
Mailing Address		
3		
	CITY STA	ΓE ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or Name of Bank, Deposit	tory, etc.	
safety deposit boxes or Name of Bank, Deposit	maintains funds.  tory, etc.  Ils Fargo  420 Montgomery St	CA   94104
safety deposit boxes or Name of Bank, Deposit	maintains funds.  tory, etc.  Ils Fargo  420 Montgomery St	
safety deposit boxes or Name of Bank, Deposit	maintains funds.  tory, etc.  Ils Fargo  420 Montgomery St	CA 94104
safety deposit boxes or Name of Bank, Deposit  We  Mailing Address	maintains funds.  tory, etc.  Ils Fargo  420 Montgomery St  San Francisco  CITY  STA	CA 94104
safety deposit boxes or Name of Bank, Deposit  We  Mailing Address	maintains funds.  tory, etc.  ### Applications of the content of t	CA 94104
safety deposit boxes or Name of Bank, Deposit  We  Mailing Address	maintains funds.  tory, etc.  Ils Fargo  420 Montgomery St  San Francisco  CITY  STA	CA 94104
Safety deposit boxes or Name of Bank, Deposit  We Mailing Address  Name of Bank, Deposit	maintains funds.  tory, etc.  Ils Fargo  420 Montgomery St  San Francisco  CITY  STA  tory, etc.	CA 94104
Name of Bank, Deposit  We  Mailing Address	maintains funds.  tory, etc.  Ils Fargo  420 Montgomery St  San Francisco  CITY  STA  tory, etc.	CA 94104
safety deposit boxes or Name of Bank, Deposit  We  Mailing Address	maintains funds.  tory, etc.  Ills Fargo  420 Montgomery St  San Francisco  CITY  STA  tory, etc.  PO Box 17310  PO Box 17310	CA 94104

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:		
1		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	, or Leadership PAC Sponsor
TAKE BACK THE	HOUSE 2020		
	<sub> </sub> PO BOX 30844		
Mailing Address	10 80% 30044		
	BETHESDA	MD	20824-0844
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	nt Fundraising Representa	tive Leadership PAC Sponso
Designated Agent: Identif	y by name, address (phone number - optional)		
Full Name			
Full Name			
Mailing Address	CITY A	STATE A	ZIP CODE A
	•	STATE A	ZIP CODE A
Mailing Address	•	1	ZIP CODE A
Mailing Address  TITLE OR POSITION  Banks or Other Deposito	pries: List all banks or other depositories in which	elephone Number	
Mailing Address  TITLE OR POSITION	pries: List all banks or other depositories in which	elephone Number	
Mailing Address  TITLE OR POSITION  Banks or Other Deposito	pries: List all banks or other depositories in which aintains funds.	elephone Number	
Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or mail to the safety	pries: List all banks or other depositories in which aintains funds.	elephone Number	
Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or mail boxes or mail boxes. Eagle!  Depository, etc.	pries: List all banks or other depositories in which aintains funds.  Bank	elephone Number	
Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or mail boxes or mail boxes. Eagle!  Depository, etc.	pries: List all banks or other depositories in which aintains funds.  Bank	elephone Number	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID Hullibel	<u> </u>
ame of Any Connected (	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name, address (phone number – optional)		
esignated Agent: Identify  Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION TO THE PO	CITY A  Te  ies: List all banks or other depositories in which	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositoriafety deposit boxes or mai	CITY   CITY   Te  ies: List all banks or other depositories in which ntains funds.	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositoriatety deposit boxes or mail	CITY A  Te  ies: List all banks or other depositories in which	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositoriatety deposit boxes or mail	CITY   CITY   Te  ies: List all banks or other depositories in which ntains funds.	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositoriatety deposit boxes or mail ame of Bank, Capital epository, etc.	CITY   CITY   Te  ies: List all banks or other depositories in which ntains funds.  One Bank	elephone Number	